PTO/SB/17 (01-06) Approved for use through 7/31/2006. OMB 0651-0032

Oper the Paperw	ork Reduction Act of 19	95, no person are req	uired to resp	ond to a collection	and Tragem n of informati	ark Office; U.S. DE on unless it display	savalid OMB co	COMMERCE ontrol number.		
aurauani ta tha (Consolidated Appropria	tions Act 2005 (H.P.	4818)		Com	plete if Know	vn .			
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number		10/025,790-Conf. #5866				
				Filing Date		December 26, 2001				
	For FY 200	06	Fi	irst Named Inv	entor	Mingzhi Ll				
			E	xaminer Name		J. Joo				
x Applicant cla	ims small entity status	See 37 CFR 1.27	А	rt Unit		2154				
TOTAL AMOUNT	OF PAYMENT	(\$) 455.00	A	ttorney Docket	No.	LUN-0200				
METHOD OF PA	YMENT (check al	l that apply)						-		
Check	Credit Card	Money Order	None	Other (please ident	tify):				
X Deposit Accour	nt Deposit Account Nu	mber: 18-0013 De	posit Accoun	t Name:	Rader,	Fishman & G	rauer PLLC			
	ve-identified deposi				ed to: (ched	 ck all that apply)				
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
• • • • • • • • • • • • • • • • • • • •	TION (All the fees		e upon fi	iling or may	be subje	ct to a surch	arge.)			
1. BASIC FILING, S										
	FILI	NG FEES	SEAR	CH FEES	EXAMIN	NATION FEES	}			
Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id /\$\		
Utility Utility	300	<u>Fee (\$)</u> 150	500	250	200	100	100010	141		
•	200	100	100	50	130	65				
Design Plant	200	100	300	150	160	80	-			
				250	600	300				
Reissue	300	150	500			0				
Provisional	200	100	0	0	0	U				
2. EXCESS CLAIM	FEES						<u>5</u> Fee (\$)	mall Entity Fee (\$)		
Fee Description Each claim over 20	(including Reissue	·e)					50	25		
Each independent of	•	•					200	100		
Multiple dependent		ing reissues)					360	180		
•	Extra Claims	Ecc (\$)	Fee Paid	d (\$)	M	ultiple Depend				
Total Claims		Fee (\$)	10014	0 1 d.d (0)			Fee Paid (\$)			
HP = highest number	total claims paid for, if	greater than 20.				<u>~ 147</u>				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid	d (\$)						
- =	×									
HP = highest number	of independent claims pa	aid for, if greater than	3.					_		
3. APPLICATION S										
If the specification	n and drawings exc	eed 100 sheets of	paper (ex	cluding electr	onically fi	led sequence or	computer			
	37 CFR 1.52(e)), th				or small e	ntity) for each a	idditional 50			
	on thereof. See 35				. Al Ab	f = Fee (\$)	Eon Dr	sid (\$)		
Total Sheets	Extra Sheets 100 =	/50		tional 50 or frac			Fee Pa	ara TAL		
4. OTHER FEE(S)					,		Fees P	aid (\$)		
• •	ecification, \$130	fee (no small enti	ty discour	nt)						
	filing surcharge):	2251 Extension	for respo	onse within fir			60.			
5 (v.g., mtv	<u> </u>	2801 Request for	or continu	ued examinat	tion (RCE) (see 37	395	.00		
SUBMITTED BY	0 11									
	101/		Re	gistration No.	22,663		(202) 055	0750		

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	22,663 29,211	Telephone	(202) 955-3750
Name (Print/Type)	David T. Nikaido Carl Schaukowitch			Date	July 26, 2006